	DATEMY 4 DD 4 10 10 10 10 10 10 10 10 10 10 10 10 10								Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000								09/436850					
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL TYPE	ENTITY	OR	—	R THAN . ENTITY	
Ľ	OTAL CLAIM				- 4 Trancs		RATE	FEE	٦	RATE	FEE		
F	OR	NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F	EE 500	OR				
TOTAL CHARGEABLE CLAIMS			18 m	18 minus 20=				X\$ 9=		OR	YSIO		
INDEPENDENT CLAIMS			3 n			•		X40=	3 5-		X80=		
М	ULTIPLE DEPE	NDENT CLAIM	PRESENT						OR		-		
• 1	* If the difference in column 1 is less than zero, enter "0" in column 2									OR	+270=		
•	CLAIMS AS AMENDED - PART II								500	OR	TOTAL		
_	(Column 1) (Column 2) (Column							SMALL	. EŅTITY	OR	OTHER SMALL		
AMENDMENT A	`, ·	REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• //	Minus			=	F	X\$-9=		ОЯ	X\$18=		
-AM	Independent	NTATION OF M	Minus	···	CI 4114	=		X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							ľ	+135=	- 11	OR	+270=		
							L	TOTAL		- L	TOTAL		
		(Column 1)	:	(Colum	n 21	(Column 3)	Al	DOIT. FEE	L	OR A	DDIT. FEE		
AMENOMENT B		CLAIMS REMAINING AFTER AMENDMENT	Language Contraction	HIGHE NUMBI PREVIOL PAID F	st Er Jsly	PRESENT EXTRA	Γ	RATE	ADDI-: TIONAL		RATE	ADDI- TIONAL	
	Total		Minus	••		= .	r	X\$ 9=	FEE	_  <b> </b>	X\$18=	FEE	
AME	Independent		Minus	•••		=	ŀ	X40=	,"	OR			
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT (	CLAIM		┢	A4U=		OR	X80≈		
		1					L	+135=		OR	+270=		
		. : '					A	TOTAL DDIT. FEE	لينسيا	OR ,	TOTAL ODIT, FEE		
	•••	(Column 1)		(Columi		(Column 3)			ř.		A Transfer		
AMENDMENTC		REMAINING AFTER AMENDMENT	74.50 V (10.00)	NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
	Total		Minus	••			F	X\$ 9=	FEE	}	V610	FEE	
	independent	•	Minus.	•••		•	-			OR	X\$18=		
1	FIRST PRESE	NTATION OF ML	MULTIPLE DEPENDEN		CLAIM		L	X40=		OR	X80=		
• 11	the naturalization							+135=		OR	+270=	1	
"If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20."  ADDIT, FEE  ADDIT, FEE  ADDIT, FEE  ADDIT, FEE													
T		ber Previously Pai	For (Total or	Independent	i) is the	highest number	lound	in the ap	xod etainqore	in colu	mn 1.		

FORM PTO-675 (Rev. 8/00)